

3:24-cv-304-MPM-JMV

EXHIBIT A

COVER SHEET		Court Identification Docket #		Case Year	Docket Number		
Civil Case Filing Form (To be completed by Attorney/Party Prior to Filing of Pleading)		<div>47</div> County #	<div>3</div> Judicial District	<div>CI</div> Court ID (CH, CI, CO)	<div>2024</div> Case Year		
		<div>08</div> Month	<div>26</div> Date	<div>24</div> Year	<div>383</div> Docket Number		
					<div>CV</div> Local Docket ID		
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2020)					
		This area to be completed by clerk			Case Number if filed prior to 1/1/94		
In the <u>CIRCUIT</u> Court of <u>MARSHALL</u> County <u>3rd</u> Judicial District							
Origin of Suit (Place an "X" in one box only)							
<div><input checked="" type="checkbox"/> Initial Filing</div> <div><input type="checkbox"/> Remanded</div> <div><input type="checkbox"/> Reinstated</div> <div><input type="checkbox"/> Reopened</div> <div><input type="checkbox"/> Foreign Judgment Enrolled</div> <div><input type="checkbox"/> Joining Suit/Action</div> <div><input type="checkbox"/> Transfer from Other court</div> <div><input type="checkbox"/> Appeal</div> <div><input type="checkbox"/> Other</div>							
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form							
Individual <u>FERRIS</u> Last Name <u>WILLIAM</u> First Name <u>J</u> M.I. <u>III</u> Jr/Sr/III/IV							
<div><input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____</div> <div><input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity D/B/A or Agency _____</div>							
Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated							
<div><input type="checkbox"/> Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A _____</div>							
Address of Plaintiff <u>230 ROBERTS AVE. HOLLY SPRINGS, MS 38635</u>							
Attorney (Name & Address) <u>PRO SC</u> MS Bar No. _____							
<div><input type="checkbox"/> Check (x) if Individual Filing Initial Pleading is NOT an attorney</div> Signature of Individual Filing: <u>W. J. Ferris, PRO SC</u>							
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form							
Individual _____ Last Name _____ First Name _____ Maiden Name, if applicable _____ M.I. _____ Jr/Sr/III/IV							
<div><input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____</div> <div><input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency _____</div>							
Business <u>AMAZON.COM SERVICES, LLC</u> Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated							
<div><input type="checkbox"/> Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A _____</div>							
Attorney (Name & Address) - If Known _____ MS Bar No. _____							
<div><input type="checkbox"/> Check (x) if child support is contemplated as an issue in this suit.* *If checked, please submit completed Child Support Information Sheet with this Cover Sheet</div>							
Nature of Suit (Place an "X" in one box only)							
<div>Domestic Relations</div> <div><input type="checkbox"/> Child Custody/Visitation</div> <div><input type="checkbox"/> Child Support</div> <div><input type="checkbox"/> Contempt</div> <div><input type="checkbox"/> Divorce: Fault</div> <div><input type="checkbox"/> Divorce: Irreconcilable Diff.</div> <div><input type="checkbox"/> Domestic Abuse</div> <div><input type="checkbox"/> Emancipation</div> <div><input type="checkbox"/> Modification</div> <div><input type="checkbox"/> Paternity</div> <div><input type="checkbox"/> Property Division</div> <div><input type="checkbox"/> Separate Maintenance</div> <div><input type="checkbox"/> Term. of Parental Rights-Chancery</div> <div><input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA)</div> <div><input type="checkbox"/> Other _____</div>		<div>Business/Commercial</div> <div><input type="checkbox"/> Accounting (Business)</div> <div><input type="checkbox"/> Business Dissolution</div> <div><input type="checkbox"/> Debt Collection</div> <div><input checked="" type="checkbox"/> Employment</div> <div><input type="checkbox"/> Foreign Judgment</div> <div><input type="checkbox"/> Garnishment</div> <div><input type="checkbox"/> Replevin</div> <div><input type="checkbox"/> Other _____</div> <div>Probate</div> <div><input type="checkbox"/> Accounting (Probate)</div> <div><input type="checkbox"/> Birth Certificate Correction Mental</div> <div><input type="checkbox"/> Health Commitment</div> <div><input type="checkbox"/> Conservatorship</div> <div><input type="checkbox"/> Guardianship</div> <div><input type="checkbox"/> Joint Conservatorship & Guardianship</div> <div><input type="checkbox"/> Heirship</div> <div><input type="checkbox"/> Intestate Estate</div> <div><input type="checkbox"/> Minor's Settlement</div> <div><input type="checkbox"/> Muniment of Title</div> <div><input type="checkbox"/> Name Change</div> <div><input type="checkbox"/> Testate Estate</div> <div><input type="checkbox"/> Will Contest</div> <div><input type="checkbox"/> Alcohol/Drug Commitment (voluntary)</div>		<div>Children/Minors - Non-Domestic</div> <div><input type="checkbox"/> Adoption - Contested</div> <div><input type="checkbox"/> Adoption - Uncontested</div> <div><input type="checkbox"/> Consent to Abortion</div> <div><input type="checkbox"/> Minor Removal of Minority</div> <div><input type="checkbox"/> Other _____</div> <div>Civil Rights</div> <div><input type="checkbox"/> Elections</div> <div><input type="checkbox"/> Expungement</div> <div><input type="checkbox"/> Habeas Corpus</div> <div><input type="checkbox"/> Post Conviction Relief/Prisoner</div> <div><input type="checkbox"/> Other _____</div> <div>Contract</div> <div><input type="checkbox"/> Breach of Contract</div> <div><input type="checkbox"/> Installment Contract</div> <div><input type="checkbox"/> Insurance</div> <div><input type="checkbox"/> Specific Performance</div> <div><input type="checkbox"/> Other _____</div> <div>Statutes/Rules</div> <div><input type="checkbox"/> Bond Validation</div> <div><input type="checkbox"/> Civil Forfeiture</div> <div><input type="checkbox"/> Declaratory Judgment</div> <div><input type="checkbox"/> Injunction or Restraining Order</div> <div><input type="checkbox"/> Other _____</div>		<div>Real Property</div> <div><input type="checkbox"/> Adverse Possession</div> <div><input type="checkbox"/> Ejectment</div> <div><input type="checkbox"/> Eminent Domain</div> <div><input type="checkbox"/> Eviction</div> <div><input type="checkbox"/> Judicial Foreclosure</div> <div><input type="checkbox"/> Lien Assertion</div> <div><input type="checkbox"/> Partition</div> <div><input type="checkbox"/> Tax Sale: Confirm/Cancel</div> <div><input type="checkbox"/> Title Boundary or Easement</div> <div><input type="checkbox"/> Other _____</div> <div>Torts</div> <div><input type="checkbox"/> Bad Faith</div> <div><input type="checkbox"/> Fraud</div> <div><input checked="" type="checkbox"/> Intentional Tort</div> <div><input type="checkbox"/> Loss of Consortium</div> <div><input type="checkbox"/> Malpractice - Legal</div> <div><input type="checkbox"/> Malpractice - Medical</div> <div><input type="checkbox"/> Mass Tort</div> <div><input type="checkbox"/> Negligence - General</div> <div><input type="checkbox"/> Negligence - Motor Vehicle</div> <div><input type="checkbox"/> Premises Liability</div> <div><input type="checkbox"/> Product Liability</div> <div><input type="checkbox"/> Subrogation</div> <div><input type="checkbox"/> Wrongful Death</div> <div><input type="checkbox"/> Other _____</div>	